Application

Application - Class E Household Goods

Application - Class E Hazardous Waste

Request for Extension to Comply with Order

11/18/2014 15:21 FAX	Ø 002/017
Caption of Case)  Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET
	NUMBER: 2014 - 458 -T  If this is your first time filing an application with the PSC, you will not provide the providence of the policy of the providence of the policy of
) ) )	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: Dandy Enturprises UL	Telephone: 843 995.5329
Address: 199 North Conserving Rd.  Address: 15/and 50 295/5	Other: Email: Pawleys transport @ gmail. com
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service to be filled out completely.	Commission of South Carolina for the purpose of docketing and must
NATURE OF ACTION	(Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit

Late-Filed Exhibit

Proposed Order

Publisher's Affidavit

l.etter

Reservation Letter Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded Response Return to Petition Request for Cancellation of Certificate Other: Request for Suspension Request for Reinstatement

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

# PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: 11/12/14
Select Class: (Check one)	•
E (HHG) - Household Goods	
E (HAZ) - Hazardous Material	
IMPORTANT! If application is to amend scope of authority, a before application will be accepted. If application is for a NEW C	a current annual report must be on file with the Commission CERTIFICATE, do not submit annual report.
Check one:	
New Application	
Amended Scope of Authority	
Current Scope: (list counties)	
Amended Scope:	
(list counties)	
	Serte Land Trans Part  Serte Land Land Trans Part  Serte Land Land Land Se 2958.  Serte Land Se 2958.  Serte Land Se 2958.  Serte Land Se 2958.
	(If different from sacce data-
843 995-5329 Phone	FAX
Phone Pawleys transport Emai	
Pawleys transport	Meddaged
Emai	1 Maintena

 If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check on Individual Owner/Sole Pro	oprietorship	
Portnership - List names	and address of all person ha	aving an interest in the business.
Corporation - List names	and addresses of two princi	ipal officers.
4. Applicant proposes to opera	ate service as follows: (Che	eck one.)
O Intrastate Only	<ul> <li>Interstate Only</li> </ul>	Both
_		
5 Is applicant certified to DIO	vide intrastate transportati	ion of household goods in another state: (Check one.)
Yes	O No	
rs	he regulatory agency in the s	tate(s) stating applicant is in compliance with the rules and
if yes, attach a tetter from t regulations of said state ag	ency.	•
•		
6. Has applicant been convict	ed of operating with no int	rastate household goods authority or failure to abide e transportation of household goods in this state or any
by the rules and regulation other state? (Check one.)	s penaining with musian	
Yes	⊗ No	
If yes, list dates and nature	e of convictions helow.	
••		
<ol><li>Has applicant ever had a c any other state? (Check on</li></ol>	ertificate authorizing the true.)	ansportation of household goods revoked in this state or
○ Yes	(V) No	
<del>-</del>	ure of revocations below.	
<del>4</del> 2		

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

#### **BALANCE SHEET**

Balance at Time Application is Filed:

Month NOVEMBELYear 2014

Assets:	
Cash	3,2000
Receivables	Ø
Real Estate	0
Buildings and Equipment (Net)	5,000.00
Motor Vehicles (Net)	12,000000
Garage Equipment (Net)	Ø
Machinery and Tools (Net)	300 00
Supplies on Hand	Ø
Prepaids and Other Assets	Ø
Total Assets *	19,500.00
Liabilities and Equity:	
Accounts Payable	Ø
Notes Payable	8
Mortgages Payable	. Ø
Equipment Obligations	Ø
Accrued Salaries and Wages	Ø
Other Accrued Obligations	Ø
Other Liabilities	Ø
Total Liabilities	
Capital Stock	17,300.00
Retained Earnings	3,200.00
Total Equity	19.500.00
Total Liabilities and Equity *	19,500.00

<sup>\*</sup> Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and C	Charges (List only max	imum charges per mile	or trip, and/or hourly	rate):
Long distance	e furniture	Marc - \$2	er per mile i	one way
Labor only	in house M	ove-\$75=	per hour n	luminim a,
		, po	rson s.op perhour	
		aO) re	5, = pc /c =	
		2 6	erson	<b>.</b>
lad deliv	cry \$ 40.00	Minimum (	(5 miles from	n) Pawleys (she
соммо	DITIES TO BE TE	RANSPORTED A	ND AREA(S) TO I	BE SERVED
	Fransported: (Check on			
Household G	oods, as defined in R10	)3-210(1)		
☐ Hazardous W	astes, as defined in R1	03-210(2)		
You will only be all	Authority: Check all conditions of the condition of the c	se counties checked be	low. You may request	on to operate. "Statewide"
Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Mariboro Mariboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pîckens	
Charleston	Fairfield	Laurens	Richland	

\_\_\_ Fairfield

Charleston

# DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

		VTN#	VIN# EMPTY WEI	
MAKE	YEAR & MODEL			<b>OSA</b>
2003	Cherry Tohoe Z	71 UDONGROZI IGNEK 13Z33	Ordinal I	5400
		16NEK 13233	KIYYCH	3400
			. A77 (167	2540
2014	CRGO ENCLOS	406816218	4 033 423	
				<del></del>
				_

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current nsurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The	following	insurance	quote	is	for
-----	-----------	-----------	-------	----	-----

	LC DBA Pawleys Island Transpo	plicant	
189 N Causeway R	d. Pawleys Island, SC 29585		
	Address of A	pplicant	
A of Doominim's		<u>Limits O</u>	voted: (See Below)
mount of Premium:	\$1289.00 (Auto Liability)	Limits	\$1,000,000
iability Insurance \$		Limits	\$50,000
argo Insurance \$	\$325.00	Limits	
•	Insurance if available.		
Attach Colument of	<b></b>		
Ohio Security and	Ohio Casualty Insurance Compan	ly	
	Name of Insurar	ICE Company	
175 Berkelev St. B	oston, MA 02116   PO Box 94070	Seattle, WA 9	8124
170 Dornoloy Cu =	Home Office Addr	ess of Company	

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina. inter Halmon

11/18/2014

Date

Authorized Insurance Company Representative's Signature

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

	<b>\$</b> 5	000,000
Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$7	750,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$	2,500
Cargo - For loss of or damage to property carried on any one motor vehicle  For loss of or damage to or aggregate of losses or damages of or to property occurring at	\$	5,000
any one time and place	·	

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.

	Exhibit Fit, Willing, and Able (FWA)
Dandy	Enkrpriscs LLC DRY Paulcys Island
U.S.D.O	T No.
1. Does Applicant have a Sa	afety Rating from the U.S.D.O.T.?
O Yes	No O Pending (Submit when received.)
If Yes, indicate rat	ing below and provide copy.
O Satisfactory	O Conditional O Unsatisfactory
<ul><li>2. Have any of Applicant's the past twelve (12) mon</li><li>Yes</li></ul>	drivers or vehicles been places "out of service" by Transport Police safety officers in this?
3. Are there currently any	outstanding judgment(s) against the Applicant?
O Yes	o∕ No
1 that govern for-hir	th all statutes and regulations, including safety regulations and workers' compensation motor carrier operations in South Carolina, and does Applicant agree to operate se statutes and regulations?
Yes	O No
5. Is Applicant aware of the therewith? (The Insuran	he Commission's insurance requirements and the insurance premium costs associated note on Page 6 must be completed, listing current insurance premiums.)
Yes	○ No

### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the email address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc. gov to create a My DMS account.

The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

pplicant's Signature

STATE OF SOUTH CAROLINA

WORN TO BEFORE ME

Commission Expires

2.2022

JAMIS O. COTTINGHAM Notary Public, State of South Carolina My Commission Expires 10/2/2022

Detach, complete and remit AFTER your safety audit has been performed by State Tra	ansport Police
Detach, complete and remit Ar 1 121 your burns	

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

- 1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
- 2. Can produce a copy of the FMCSR and the HM regulations;
- 3. Has in place a driver safety/orientation program;
- 4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
- 5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
- 6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

O Yes

Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

O Yes

Not Applicable

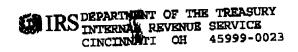
\_, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. Note: This oally embraces all schedules and supplemental filings to this application).

theday of

Commission Expires

pplicant's Signature

**Print Applicati** 



Date of this notice: 01-07-2014

Tannification Number:

Form: SS-4

Number of this notice: CP 575 G

DANDY ENTERPRISES LLC
ANDREW M PATRICK SOLE MBR
25 CROFT STREET
CREENVILLE, SC 29609

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

applying for an Employer Identification Number (EIN). We assigned you applying for an Employer Identification Number (EIN). We assigned you is EIN will identify you, your business accounts, tax returns, and doct and accounts, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is DAND. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575G

01-07-2014 DAND O 9999999999 SS-4

Keep this part for your records. CP 575 G (Rev. 7-2007) 

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

9999999999

( ) -

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 01-07-2014 EMPLOYER IDENTIFICATION NUMBER: FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 44.4.4.4.4.4.4.4.4.4.1.41...41...41...4.4...

DANDY ENTERPRISES LLC ANDREW M PATRICK SOLE MBR 25 CROFT STREET GREENVILLE, SC 29609

South Carolina Secretary of State: Search Business Filings

Page 1 of 2



#### DANDY ENTERPRISES LLC

Note:This online database was last updated on 1/12/2014 6:01:27 PM.

See our Disclaimer.

DOMESTIC / FOREIGN:

Domestic

STATUS:

Good Standing

STATE OF INCORPORATION

SOUTH CAROLINA

/ ORGANIZATION:

Profit

#### REGISTERED AGENT INFORMATION

REGISTERED AGENT NAME:

ANDREW M PATRICK

ADDRESS:

25 CROFT ST

CITY:

**GREENVILLE** 

STATE:

SC

ZIP:

29609

**SECOND ADDRESS:** 

FILE DATE:

01/07/2014

**EFFECTIVE DATE:** 

01/07/2014

DISSOLVED DATE:

11

#### Corporation History Records

CODE

FILE DATE

**COMMENT** 

Document

Domestic LLC

01/07/2014

SCBOS Filing: AT WILL

Disclaimer: The South Carolina Secretary of State's Business Filings database is provided as a convenience to our customers to research information on business entitles filed with our office. Updates are uploaded every 48 hours. Users are advised that the Secretary of State, the State of South Carolina or any agency, officer or employee of the State of South Carolina does not guarantee the accuracy, reliability or timeliness of such information, as it is the responsibility of the business entity to inform the Secretary of State of any updated information. While every effort is made to insure the reliability of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from this database does so at his own risk.

## STATE OF SOUTH CAROLINA SECRETARY OF STATE

# NOTICE OF CHANGE OF (1) DESIGNATED OFFICE, (2) AGENT FOR SERVICE OF PROCESS, OR (3) ADDRESS OF AGENT Limited Liability Company – Domestic and Foreign Filing Fee - \$10.00

TYPE OR PRINT	CLE	RLY	IN B	LACK	<u>INK</u>
---------------	-----	-----	------	------	------------

	PE OR PRINT CLEARLY IN BLACK INK			
Риг	suant to S.C. Code of Laws §33-44-109, the limited liability company submits the following statement of			
	nge.			
1.	The name of the limited liability company is Dandy Enterprises LLC			
2.	The limited liability company is (check either "a" or "b," whichever is applicable)			
	A South Carolina limited liability company.			
	□ b. A foreign limited liability company authorized to transact business in South Carolina.			
3.	(a) The South Carolina street address of the current designated office for the limited liability company is			
	25 Croft Street Address			
	25 Croft Street  Creatile  County  City  County  Count			
	City County			
	(b) The name of the company's current agent for service of process is			
	The Search Coroling street address of the current registered agent's office is			
	75 Croft Street			
	Street Address			
	Crenville Street Address  Crenville Strong County  County  County			
4.	Check and complete all boxes (a-c) that apply.			
	(a) The company is changing the address of its designated office.			
	The new South Carolina address of the designated office of the limited liability company is			
	189 North Causenay Rd.			
	Dil Idas Granactown 29585			
	County Zip Code			

(b) The company is changing its agent for service of process.					
The name of the company's new agent for service of process is					
I he	ereby consent to the appointment a	es registered agent.			
Agent's Signature					
(c) The company is cha	nging the street address of the age	nt for service of process.			
The new South Carolina street address of the registered agent's office is					
189 North Causeman Rd.					
Mono Rentrys	Is and se County	Porgetown	29585		
Cny	County	~3	Zip Code		
5. Unless otherwise specified, these articles are effective when endorsed for filing by the Secretary of State.  Specify the time and date of any delayed effective date					
Signature (Please see the Filing	Checklist below)	Print or Type 1	latrick Name		
Capacity/Position of Person Sign	ning (You must check one box.)	Date 11	44		
☐ Manager ☐ Membe	or Organizer		•		
☐ Fiduciary ☐ Attorne	y-in-Fact				
Filing Checklist					
<ul> <li>Notice of Change of (1) Designated Office, (2) Agent for Service of Process, or (3) Address of Agent (filed in duplicate)</li> <li>\$10.00 made payable to the Secretary of State's Office</li> <li>Self-Addressed, Stamped Return Envelope</li> <li>Make sure the proper individual has signed the form (Please see S.C. Code of Laws §33-44-205(a))</li> <li>Limited Liability Company forms filed with the Secretary of State must be signed in the name of the</li> </ul>					
(1) manager of a manager-managed company (2) member of a member-managed company (3) person organizing the company, if the company has not been formed or (4) fiduciary, if the company is in the hands of a receiver, trustee or other court-appointed fiduciary  Return all documents to: South Carolina Secretary of State's Office					
	Attn: Corporate Filings 1205 Pendleton Street, Suite 525 Columbia, SC 29201				

# The State of South Carolina



# Office of Secretary of State Mark Hammond

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

DANDY ENTERPRISES LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 7th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 21st day of November, 2014.

Mark Hammond, Secretary of State